

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 854292 (0)

1. Corporation Name

ICAHN & CO., INC.

Principal Place of Business

100 S BEDFORD RD
MT KISCO NY 10549
US

Mailing Address

1 WALL STREET COURT
SUITE 980
NEW YORK NY 10005
US



2. Principal Place of Business		2a. Mailing Address	
21	1 Wall Street Court	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Suite 980	27	
City & State		City & State	
23	New York New York	28	
Zip	Country	Zip	Country
24	10005	25	US
29		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
10/06/1982	01/27/1995
4. FEI Number	Applied For
13-3115882	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY		81	Name
1201 HAYS STREET		82	Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301		83	
		84	City
		FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person or persons who registered the corporation with the Department of State

Signature of the person or persons who registered the corporation with the Department of State

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	ICAHN, CARL CELIAN	1.2 NAME	
STREET ADDRESS	LONG MEADOW ROAD	1.3 STREET ADDRESS	15 W. 53rd Street
CITY-STATE-ZIP	BEDFORD NY	1.4 CITY-STATE-ZIP	New York, NY 10019
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BUONATO, RICHARD T.	2.2 NAME	
STREET ADDRESS	419 HAWTHORNE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	STATEN ISLAND NY	2.4 CITY-STATE-ZIP	
TITLE	STD	3.1 TITLE	☒ Change ☐ Addition
NAME	FREILICH, JOSEPH D.	3.2 NAME	
STREET ADDRESS	20 MIDSUMMER DRIVE	3.3 STREET ADDRESS	1 Chatham Square
CITY-STATE-ZIP	OLD BRIDGE NJ	3.4 CITY-STATE-ZIP	Parlin, NJ 08859
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard T. Buonato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard T. Buonato

1/18/96

(212) 635-5574

Date

Daytime Phone #

CR2E034 (12/95)